

“I was just gobsmacked”: Care workers’ responses to BBC Panorama’s ‘Undercover Care: The Abuse Exposed’; invoking mental states as a means of distancing from abusive practices

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Short title – invoking mental states as distancing

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Abstract

This paper draws upon discourse analytic techniques and discursive psychology to examine how care workers build accounts of viewing the BBC Panorama programme "Undercover Care: The Abuse Exposed" which graphically documented the abuse of people with learning disabilities in a residential care setting. 56 interviews were conducted as part of a project concerning adult safeguarding. The analysis considers how careworkers report their reactions and the interactional strategies they use to construct themselves as shocked and disbelieving and thus, as oppositional to the extreme practices in the programme. Their role as careworkers, and therefore as 'insiders' of the industry that allowed such abuse to happen, makes matters of stake and agency live issues for this particular group; and constructions of 'shock' and 'disbelief' are potential ways for participants to distance themselves from the abuse shown in the programme. More broadly, these data show how the invocation of mental states contributes to the management of other discursive business, namely, that of fending off any association with the aforementioned extreme practices.

Keywords

Careworkers, abuse, discourse, shock, disbelief, discursive psychology, distancing, stake, agency.

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Introduction

People with learning disabilities have long been the subjects of a range of public discourses, which have variously presented them as excluded from mainstream society (Hall, 2004) and unfairly prevented from making choices about their own lives (Hollomotz, 2012), or as potentially vulnerable and in need of protection from abuse (Fyson, 2009). At the same time, discourses about the care practices evident amongst professionals working with people with learning disabilities have been identified as caught between paternalism and progressive approaches such as ‘normalisation’ (Deeley, 2002). Underlying these debates, however, is the stark fact that adults with learning disabilities are more likely to experience abuse and neglect than other adults, including other users of adult social care services (Thacker, 2011; Cambridge et al, 2010; Mansell et al, 2009), and that those who live in congregate care settings such as residential care or supported living services are at a further increased risk of abuse (Mansell et al, 2009). Whilst the connection between abuse and congregate care for people with learning disabilities has been repeatedly identified in the academic literature (McCarthy & Thompson, 1996; Cambridge, 1999; Marsland et al, 2007), relatively little is known about staff responses to such abuse. Moreover, there is a perception that although care staff are aware that abuse can and does occur in their industry, they have a tendency to distance themselves from such occurrences. This tendency is neatly illustrated by the title of one of the earliest training manuals aimed at preventing the abuse of people with learning disabilities in residential care, namely: ‘It could Never Happen Here!’ (ARC/NAPSAC, 1993).

The BBC Panorama programme

The BBC's Panorama programme, "Undercover Care: The Abuse Exposed" aired on 31st May 2011, and for several days was headline news in the UK. It reported the experience of an undercover reporter engaged as a care worker at Winterbourne View, a private residential service in which there was "systematic abuse" (BBC, 2011) of the people with learning disabilities for whom it, ostensibly, 'cared'. Covertly-filmed footage showed, amongst other things, residents with learning disabilities being slapped; kicked; dragged out of bed by hair and limbs; pinned to the floor by a dining chair whilst being slapped; and violently assaulted - and all whilst being viciously verbally taunted (YouTube, 2011). As a result of the exposé, 13 members of staff were immediately suspended pending further investigation - a group which including qualified nurses as well as unqualified care workers; eleven of these staff members have since been convicted of criminal offences, including six who have received custodial sentences (BBC, 26th October 2012). A subsequent inquiry (Flynn & Citarella, 2012) has criticised both the private company, Castlebeck Ltd, which owned and managed the service and the Care Quality Commission, the public body with responsibility for ensuring compliance with national care standards, for failing to prevent the abuse. The public outcry provoked by the contents of the programme was widely reported in professional, academic, and public domains.

The Panorama programme was not the first instance of abuse levelled at people with learning disabilities provoking significant concern amongst the general public and within the care profession. Fyson and Kitson (2007:426) observed that a "sudden wave of interest" was aroused by the publication in July 2006 of a report into the abuses experienced by people with learning disabilities who were cared for by Cornwall Partnership NHS Trust (Commission for Social Care Inspection and Health Commission, 2006); and a similar flurry of new reports were evoked the following year by a report into similar abuses in Sutton and Merton Primary Care Trust (Healthcare Commission, 2007). Historically, abuse scandals of this nature have provided a catalyst for change in learning disability services (Fyson et al, 2004), with initially the drive to close long-stay

hospitals precipitated by the journalistic exposure of abuse in Ely Hospital, Cardiff in the late 1960s (Department of Health & Social Security, 1969) and the creation of a national system of inspection for residential care services triggered by the failure of local inspections to uncover abuses in private care homes run by the Longcare company (Buckinghamshire County Council, 1998). There is thus merit from both an academic and practice perspective in examining the impacts of this most recent exposé, in particular looking at responses and views of front-line care workers, to develop an understanding of how this latest report might impact upon those working in this potentially 'tainted' profession and ultimately how it may influence both policy and practice.

Our research interest in the impacts of the Panorama programme arose whilst conducting research into day-to-day safeguarding issues from the perspective of people with learning disabilities and their front-line support workers. The programme was aired at a stage when we were due to begin semi-structured interviews with front-line staff, asking them to respond to issues that had been raised by people with learning disabilities during the first phase of the project. This coincidence of timing enabled questions about the Panorama programme to be added to the planned interview schedule. However, many interviewees also spoke unprompted about their direct emotional responses to the material contained in the programme. The body of data which was obtained therefore encompassed both unsolicited content and responses to questions about how the programme might have impacted on them and their view of safeguarding. It was immediately noticeable when analysing the discourse around the newly introduced questions that it was littered with descriptions of mental states, particularly expressions of a strongly emotive nature.

Invoking mental states in discourse

One of the key premises in the study of discourse, within a discursive psychological paradigm, is that it is action-oriented (Potter & Hepburn, 2007). Furthermore discourse

is situated (in time, place and various aspects of 'context') and is both constructed; using language, categories, interpretative repertoires and so on, and constructive; building a version of lived experience (Potter & Hepburn, 2007). Consequently someone's report or telling of a particular event or circumstance, whether in everyday conversation or in response to interview questions, can be viewed as the construction of a particular version of events that may have been selected from any number of alternative versions. The event reporter would have created that particular version in that particular way, at that particular point, in order to accomplish something with it (Schegloff, 2006). Similar claims can be made of someone's construction of a particular disposition or stance. Thus, rather than seeing discourse, in particular the language being deployed, as a window into what is going on inside people's heads, a more discursive treatment of language looks at the discourse practices that are used to manage psychological matters such as stake, agency and so on (Edwards, 1997). The invoking of mental states to attend to or manage matters of stake has been examined in a number of previous studies. Edwards (1999) uses examples from relationship counselling sessions to illustrate how speakers use emotion categories to project other people's mental states (for example, being jealous or being angry) such that any relationship 'troubles' might be associated with those mental states rather than anything the speaker may have done or not done. Locke and Edwards (2003) showed how in Clinton's Grand Jury testimony, Clinton used emotion categories to describe aspects of Lewinsky's emotional 'state' such that she could be portrayed as emotional, even irrational, whilst he could by comparison, be perceived as rational and caring for her welfare; all of these constructions produced in the service of managing his own culpability. Potter and Hepburn (2007) explored how embodied emotion displays contribute discursively to psychological business being transacted in calls to the NSPCC (National Society for the Prevention of Cruelty to Children), as callers substantiate, validate and defend aspects of their engagement in the call. Emotion discourse is thus rhetorically very versatile (Edwards, 1999) allowing for a wealth of psychological

'business' to be transacted. The attribution of emotional states and dispositions to others enables one to build reflexively a particular 'stance' for oneself (Locke and Edwards, 2003). These in turn may be drawn upon as a resource to index affiliation or disaffiliation with others or to construct particular collective identities (Billig, 1995, 1997). Individuals thus have available to them a range of opportunities to claim membership or otherwise of particular groups (for example, a profession) and this can then be mobilized (or not) to manage particular contextual and interactional contingencies. As Widdicombe (1998:191) suggests identities "may be invoked as footings for the conduct of business"; there is much scope for individuals to claim or reject particular identities as a means of either aligning with or differentiating from particular positions. Patterson et al. (2011) noted how individuals constructed themselves and others as 'insiders' or 'outsiders' of a community and such constructions were subsequently drawn upon to condone or condemn a variety of (anti)social behaviours. As Antaki and Widdicombe (1998) argue claims of 'membership' are participants' resources; they may invoke them as they may be locally and contingently required.

Similarly, with regard to emotion discourse, Edwards (1999:273) states,

"The discourse of mind and emotion is first of all a participants' discourse, and it is rich and various, full of contrasts and alternatives, and marvellously useful in working up descriptions of human actions, interpersonal relations, and in handling accountability."

Certainly in this current study the latter issue resounds in the talk of those working in the care industry, having witnessed the contents of the Panorama programme. Our treatment of their discourse follows Edwards (1999). We explore how speakers describe their emotions in response to the aforementioned, particularly provocative, television programme. Their descriptions enable matters of stake to be managed; in particular speakers appear to actively distance themselves from the abusive practices that the programme highlights by invoking states of 'shock' and 'disbelief'. In the extracts examined individuals affiliate and disaffiliate with others and construct identities

associated with being 'insiders' or 'outsiders' of the care industry, using such memberships to validate the responses they describe. Furthermore, they substantiate their accounts in elaborate ways, providing warrants for their claimed 'dispositions' and amplifying them. Matters of stake, accountability and agency are thus indexed as live issues for the study's participants and they deploy a range of strategies to manage these concerns.

Method

Service managers and care workers across three types of service provider were interviewed as part of a wider project concerning safeguarding. All provided residential and supported living services for people with learning disabilities. A large private organisation and a large charitable trust provided access to staff at several sites nationally (N=21 and N=18, respectively). Several small independent providers were also interviewed as were members of their staff (N=18). It was thus possible to gain views from all sectors within the current provider industry, with 56 interviews being conducted in total. Whilst the Panorama programme itself was not the key area of enquiry it became a recurring topic, with a number of interviewees (erroneously) believing that the research project had been established in response to the televised abuse.

Interviews were audio recorded and transcribed verbatim in the first instance. At this stage the overwhelming prevalence of emotion words, prompted a further scan of the data for such responses in particular. They were subsequently transcribed using Jeffersonⁱ transcription system conventions and analysed using discourse analytic methods and discursive psychological themes.

Analysis

In each interview interviewees were asked about the Panorama programme and how it had impacted upon them. The talk analysed occurs between interviewer and interviewee

prompted by these questions, but not always following the initial asking. The interviewer's immediate prior turn is shown however for sequential completeness and significance to that which follows.

Across the corpus it was immediately observable that many participants used emotion words to describe their response to the content of the Panorama programme. Most prevalently people described their reaction as 'shock' (also using other related expressions such as "amazed", "stunned" and "gobsmacked"). Furthermore they also described their response in terms of 'disbelief'. In Extract 1, such expressions occur at lines 10 and 12; the participant twice describing her response as disbelief. This potentially allows her to dissociate from the abusive practices that were shown. This however appears inadequate in the sense that she might be reasonably expected to express disbelief given that to 'believe' this might signal condonement. As an 'insider' of the same care profession it would seem vital that she distances herself from practices within that profession which are unacceptable, which she does with her expressions of disbelief. Rather than leave it at this she (line 16) supplements this with a commentary of her husband's response, suggesting he was "amazed", "couldn't believe it" and was ultimately "stunned"; each description upgrading the preceding one.

Extract 1 - 05.08.11 Beds_BR

((participant has just confirmed they had seen the television programme))

1 Int: u::m
2 (.)
3 Int: ↓and what, how did that impact upon you.
4 Par: i was very distressed because i have worked with people like yer
5 know. .h >↑they were ↑all age groups, weren't they?<
6 Int: mmm.
7 Par: it was absolutely awful, and when i saw the senior (.) was the wo:rst
8 person, the worst perpetrator at all, ↑wasn't ↑he
9 Int: °mm:.°
10 Par: .h i couldn't bellie:ve what they were ↑doing
11 (0.6)
12 Par: i couldn't bel(h)ieve it.
13 Int: no.
14 Par: an uh we- ma husband who::
15 (1.0)
16 Par: doesn't really get involved with, i- oh he knows what i work and
17 whatever, but he was absolutely amazed he couldn't believe it he was
18 stunned. we just looked at it and we thought (1.0) i can't believe

19 they're pulling a person around with their hai:r an under the table
 20 throwing water over them=
 21 Int: =mmm:
 22 (1.3)
 23 Par: i couldn't believe it. thits has actually stirred up (1.5) a
 24 nettle of- what they call it, (0.5) well- a load of
 25 Int: yeah=
 26 Par: =[QUestions.
 27 Int: [hornets n-

Furthermore she emphasises his status as an 'outsider' of the industry (line 16) and suggests that even though he is such, he too 'disbelieved' what was shown. At line 18 she then uses a collaborative "we" which produces the described responses as shared ones. At line 23, after restating her 'disbelieving' position (which may partially be due to the interviewer's minimal responses), she orients to the wider context suggesting the programme's contents may well have stirred up many questions (she initially starts off with an idiomatic expression that is unclear, for which the interviewer offers a partial candidate - "hornet's n-"). By indexing some epistemic knowledge of the likely response of the wider world she associates herself with that wider context, allowing her to distance herself from the abusive practices. She thus uses various strategies that enable some distancing; by expressing 'disbelief' at them in the first instance; by establishing this as a shared response, with someone who is not 'inside' the care industry, by positioning herself as part of a wider community by expressing some knowledge of what its response might be. This has the effect of progressively distancing her from any position that may look like condonement or even complicity. The interactional strategies noted here resonate with aspects of fact construction explored in discursive psychology (e.g. Wooffitt, 1992; Potter, 1996; Potter and Hepburn, 2008. For example the speaker's attempts to corroborate her own witnessing of the programme with that of (potentially objective) others, resonates with Wooffitt's (1992) observations of people recounting their experiences of the paranormal, using corroboration and consensus to provide credibility to their accounts. Furthermore, Drew and Holt (1989) in their work on complaints observed that idiomatic expressions which index common understandings, can add a robustness to a 'claim' (or version of events) due to their often figurative

nature – this makes such expressions, and in turn the version of events in which they appear rather harder to refute or contest.

Extract 2 (below) contains a further example of where an individual who works 'inside' the care industry pitches their response as in common with someone who does not. Furthermore their responses are also expressed as that of 'disbelief'.

Extract 2 – 14.07.11 - With_DH

((participant confirms they have seen three-quarters of the programme))
1 Int: bu- we're just [interested in,
2 Par: [jus-
3 Int: what impact it had on people [really.
4 Par: [just stunned, couldn't believe the
5 stuff that they were doin,
6
7 ((participant then talks of her concern about the reporters involvement and
8 that she felt he was complicit))
9
10 Int: bu- has it impacted on the way that you:, look at safe↓guarding ↓now.
11 Par: i think i've always been sort of quite, (.) awa:re an,
12
13 ((participant talks at length of how she thinks it is the bigger care homes
14 that have such problems))
15
16 Par: it's the staff power in't it an,
17 Int: yea::h that did come over in the programme.
18 Par: definitely.
19 Int: yea::h
20
21 ((interviewer explains that they hadn't originally planned to ask about the
22 programme in the interviews but that interviewees were mentioning it))
23
24 Int: people have mentioned it [just lik-
25 Par: [I jus-
26 Int: you d[id.
27 Par: [i just couldn't believe what i was, i mean ma husbands-
28 Int: [an- (.) uh-] [people re ↓fer: to it as-]
29 (0.4)
30 Par: sort of obviously he's- he's seen the odd resident that i've worked
31 with you know if i've bumped into him or whatever. an he knows where
32 I work even with confidentiality you know:, you- you tell em the nice
33 bits don't y-, o[h::
34 Int: [°yea[h°
35 Par: [°went so and so with so and so today<
36 Int: yeah:
37 (0.2)
38 Par: an you know an:, an he's sort of, (.) he's got a picture of who i'm
39 (.) working with. .hh but even he you know:, not having anything
40 to do with the caring, he, he was just: (.) couldn't believe it,
41 Int: no:.

At line 27 the speaker expresses her disbelief about what she was (“seeing” or “witnessing” possibly – her trajectory is unknown but these appear reasonable candidates). In the same turn she switches to talk of her husband’s knowledge of her work, positioning him as not having anything to do with the caring (lines 39-40) but taking care not to suggest that he is oblivious to the work she does, as this may then be construed an unreasonable claim. She also takes care not to suggest that she breaks any confidences in talking about her work either. She thus strikes a very delicate balance between him not actually having anything to do with the caring (a position she later relies on to suggest that *even* he couldn’t believe it) and what one might reasonably expect a spouse to know about their partners work. As in Extract 1, the participant links their response to another person’s response, which not only generates credibility that this may be a ‘reasonable’ response, but also suggests that it is the type of response that comes from someone outside the industry. In so doing she associates herself with an ‘outside’ perspective that potentially provides corroboration and also enables some distancing from negative practices in the programme.

In Extract 3 we see the similar practice of describing another person’s response alongside one’s own, but this time in respect of a sister who *does* work within the industry. Here an ‘insider’ distinction is used, slightly differently, to manage talk about the programme and its impacts.

Extract 3 - 18.08.11-Tet_SB

((participant has confirmed having seen the programme and initially talks of not knowing that there were people out there that did such things))

- 1 Int: and does it alter the way you: do things?
- 2 Par: well no 'cause I'm just me h(h)hh(hh) ((throaty and inaudible
- 3 utterance))
- 4 (.)
- 5 Par: i ↑couldn't imagine ↑anyone:,
- 6 Int: no.
- 7 Par: being like it. I can only s::-
- 8 (2.1)
- 9 Par: say that, really.
- 10 Int: yeah:

11 Par: you know:
 12 (4.0) ((murmurs))
 13 Par: i was just gobsmacked, i just,
 14 (1.4)
 15 Par: uh: i watched it with me sister who works here=we were just like, we
 16 had (bloomin) tears=↑And smy sister works at (name) court with
 17 adults with autism and she had to turn it off half way
 18 through she found it too
 19 Int: °mmmm°
 20 Par: harrowing

In Extract 3 we see the participant using a different expression to describe their response to the programme's contents; she describes her response as "gobsmacked" (line 13) – a British colloquial term meaning 'utterly astounded' or 'astonished'¹. Here we also see the speaker relate her response to that of another person. Unlike previous examples though, the speaker's sister is constructed as an 'insider' to the care industry (lines 15-16), rather than someone outside. The speaker says her sister works in the care industry (with adults with Autism) and she characterizes her as having found the programme "harrowing" (line 20). This characterization of her sister's response projects the programme as so bad that even someone who supports adults with autism (notably a challenging role) found it harrowing. In this way she substantiates her own claim that she was "gobsmacked" by reference to another who found it "harrowing"; so harrowing that she couldn't view the whole programme. This is *despite* her experience in the care industry.

We have seen then how people have related their own responses to the contents of the programme, using a range of 'emotional' expressions. These are often actively aligned with others' responses; some of whom are outside the care industry (and so potentially might be seen to take an objective view), and some of whom are inside, working in potentially challenging contexts (and so might be perceived to have developed some experiential objectivity). Regardless of any prior expectations however both 'outsiders' and 'insiders' were reported, or reported themselves, to have been particularly affected

¹ Definition from <http://oxforddictionaries.com/definition/gobsmacked?q=gobsmacked>

by the revelations; finding them not only unbelievable but also “harrowing” – a particularly emotive expression that invokes a strong sense of disturbance or upset.

A further set of responses describing the impact of the Panorama programme characterised the response as that of shock. As well as using this characterisation, participants proceeded to provide accounts, sometimes rather elaborate ones, to explicate their response. In Extract 4 the speaker not only talks of finding the content of the programme “shocking” but makes explicit what was shocking *and* what was not (lines 4-5).

Extract 4 - 12.8.11 - More_HS

1 Int: and a final question then. did you see the Panorama programme?
2 Par: i di:d.
3 Int: d: id you:? and what did you think about it
4 Par: tk shocking. (0.7) shocking the severity of the abuse,
5 (0.5) not shocked that abuse happens.
6 Int: mmnn
7 Par: the severity of that abuse, and the ↑fact that it was a
8 residential ↓setting, 0.7 shocking.
9 Int: yea:h
10 Par: abuse happens, unfortunately it happens, abuse, >poor
11 practice< uhm happens, (0.8) so i'm not- i wasn't shocked
12 that abuse happened but the severity of that and the
13 fact that (0.5) there were senior staff involved, (2.0) the
14 fact that the ↓families were kept ↑out of the who:le,
15 (1.0) uhm y' know, °u° they didn't- they weren't (.)
16 allowed ↑in there basically. they visited out in the out-
17 external >rooms<.
18 (1.1)
19 Par: shocking that it went on for so long. shocked at cee cue
20 cee ((refers to Care Quality Commission CQC))
21 Int: mmn:
22 Par: and their ↓monitoring, shocked. uhm (0.5) >can't really
23 justify it to be< perfectly honest, because it went ↓on
24 and ↓on and ↓on and there was a whistle blower a ↑Few
25 ↓Times and it (.) continued to go on and on it was covered
26 ↑up,
27 Int: nmm:
28 Par: and almost justified in (.) you know, their h- the abusers
29 heads that it was ↑right practice, it was good practice
30 this is how you deal with this person. .hh shocking.
31 Int: yeah

The speaker constructs something of a ‘realistic’ perspective suggesting that she was not shocked that abuse happens, but that it was the seriousness of the abuse that shocked her. This manages any potential for recipients to hear her reported response as naive or

even unrealistic and so grounds what is said in the surrounding talk as 'reasonable', and as inviting the "shocking" status she attributes to other aspects. At line 10 onwards she reiterates those aspects that mean she "wasn't shocked" adding quite a long account for what was shocking; the severity of the abuse, senior staff involvement, and families being kept away from the 'unit' where abuse occurred. In lines 19-20 and 22 she adds to her account of why it was shocking; its duration and lack of monitoring despite someone reporting the abuse. In lines 28-29 she turns attention to the abusers themselves expressing shock that they thought that what they were doing was "right" and "good" practice. It is notable that a very elaborate account is included to explain her "shocked" response and the circumstances as "shocking". It appears to be a key project of this talk that not only is her response categorised as 'shock' but that that shock is accounted for. This is interesting given that the major responses reported in the media, in the aftermath of the programme were expressions of shock, but in orienting to that shock as something accountable the speaker appears to be differentiating the 'to-be-expected' shock of the general populace from her own shock, which derives from a potentially 'realist' or 'expert' shock. In Extract 5 we again see a rather elaborate spelling-out of being "shocked" and again some reasons are cited. The actual expression of this 'shock' is done very elaborately also.

Extract 5 - 25.07.11 – West_AP

1 Int: uhm: t: the final question then is just about yer- >something you
2 mentioned< which is the >p(h)anor(h)ama progr(h)amme.<=
3 Par: =oh: yea::h
4 Int: erm: has it a- what sort of impact did it have on you.=
5 Par: =it shocked me to the co:re, it really, really, really shocked me=i
6 couldn't (0.8) beli:ve y'know because you think (0.5) oh we've got
7 cee cue in place,
8 (0.2)
9 Par: that shouldn't happen, °you know° how did it happen,
10 (0.1)
11 Par: you know.
12 (0.7)
13 Par: it was really, really horrific and it sort of makes you think,
14 (0.5)
15 Par: how many other places are like this,

16 Int: mmmn:
 17 Par: how many are slipping under the radar sort'o' thing,
 18 Int: mm[mn:
 19 Par: [°y'know° so yes it was very shocking an ↑ve:ry sad.

In Extract 5, line 5 the speaker uses an expression ("it shocked me to the co:re") that not only characterises her response as one of shock, but suggests an extreme, almost embodied response; a colloquial turn-of-phrase, its reference presumably is to one's bodily 'core'. This is a stronger expression than that of simple 'shock' using an idiomatic expression that adds robustness to her claim (see earlier commentary of Extract 1 and the work of Drew and Holt, 1989 related to this). The speaker proceeds to say that it (the programme) "really, really, really" shocked her and in line 19 suggests it was "very" shocking. Simply expressing shock here does not appear to be enough for this speaker; as well as using 'really' and 'very' to emphasise her 'shocked' response she also states she couldn't believe it (line 6). She also goes on to provide a reason for her 'shock' and 'disbelief'; the national regulating body (CQC) exists so that such things should not happen. As in Extract 4 the speaker provides some sort of reason for the expressed 'shock'; in this latter example this is not as elaborately done but some validation of the speaker's described response and invoked mental state is proffered. Thus in each of the previous two extracts we see the speakers expressing their response as 'shock' but also orienting to the potential for this alone to be in some way incomplete since they also add emphasis about the nature of the 'shock' and attempt to account for it. The use of rather elaborate descriptions, over and above the use of mental state terms appears to be managing some particular psychological business; given that shock might be the expectable response, the speakers appear to attempt to differentiate the 'expectable' shock from their own, by accounting for it in rather elaborate ways, by 'personalising' it in some way ("it shocked me to the co:re"), and by adding 'intensifiers' such as "really, really, really".

Discussion and conclusions

The main difference between the abuses uncovered at Winterbourne view and those revealed in similar previous scandals was that for the first time the public was shown graphic video footage of abuse occurring, rather than simply reading about it in a report. In this sense, the responses were always likely to be more visceral than those induced by earlier events. Nevertheless it was a notable trend that most participants used intense emotion words to describe their response to the programme. These ranged from expressions of anger to those of sadness, and they were projected towards both the perpetrators and the situation. Most prevalently, however, participants invoked states of 'shock' and 'disbelief' to describe their response to the abusive practices presented in the programme.

Notably such responses mirrored the broader public reaction, as evidenced by television, radio and newspaper reports. For example, The Daily Mail reported the situation as "a 'shocking' case of abuse of adults with learning difficulties" (Shipman, 2011); The Guardian referred to "a regime of shocking abuse" (Brindle, 2011); and The Telegraph reporter who reviewed the Panorama programme stated that he was "shocked by the systematic abuse of patients" (Pettie, 2011). Such expressions of shock were not limited to media commentators: Paul Burstow, the Government minister with responsibility for care services was reported to have said "The abuse of people with learning disabilities at Winterbourne View uncovered by Panorama is shocking" (BBC News, June 2011a); whilst the head of the Royal College of Nursing said, "The sickening abuse revealed in this programme is more shocking than anything we could have imagined" (BBC News, June 2011b). With such reports in the public domain it is possible to argue that those responding to our questions were likely to mirror such expressions of shock.

However there is more at stake for those working in the industry than for a member of the general public when expressing the impact the programme had. There is the potential for 'insiders' of the industry to be associated with such practices, which might explain the various strategies speakers displayed for managing issues of stake and agency. In the first instance, expressions of shock and disbelief allow for speakers to

distance themselves from whatever it is that shocks and defies belief and so this may explain the prevalence of these. However as we have also seen, participants link their responses of shock and disbelief to others close to them; constructing firstly their counterpart's 'outsider' status and then reporting their responses as also shocked and disbelieving. This serves to not only 'validate' in some way their own response as 'reasonable', but also helps to corroborate their position by aligning it with another who potentially may be more objective as an 'outsider'. In Extract 3 where the named 'other' was actually constructed as an 'insider' to the industry, her response was framed as being *in spite* of her experience with people with potentially more challenging needs she *still* found it "harrowing". Here then it seems that the speaker aligns her response with that of someone who could claim some epistemic knowledge as an insider of the industry, so offering a different type of 'authentication' and corroboration than with potentially objective observers outside the industry, though still aligning with the normative responses of that group. Notably too in each case the speakers' references to others, and the naming of those relationships (husband; sister) makes available alternative perspectives and positions that each could adopt; that is, as wives and sisters rather than only as care-workers. From such 'lay' positions it is potentially easier to construct oneself as outsider and to distance oneself from the negative practices.

The presentation of these responses as shared and in common with 'significant' others, thus enables speakers to position themselves as part of that body of people looking on and 'experiencing' shock, which potentially normalises their various responses. At the same time this also does a form of 'othering'; it positions the speakers as not-like those insiders who have perpetrated the reported abuse. It is notable too how flexibly these various constructions of identities (as 'insiders' or 'outsiders') are utilised to bolster positions of affiliation and disaffiliation with both people and practices. Furthermore, from the identity position each speaker constructs at any given time, they can claim particular epistemic knowledge, which again allows speakers to strengthen particular affiliative and disaffiliative positions. We thus see how "identities are put to local work"

(Widdicombe, 1998:191) in the pursuit of delicate psychological business; of distancing in this instance.

As an adjunct to citing shock and disbelief in their responses and aligning these with others, we have also seen the elaborate accounts that accompany expressions of 'shock' and 'disbelief'. As if to substantiate arriving at such responses, speakers generate very specific reasons for responses (Extract 4), and they intensify these responses, (Extract 5). Participants thus effectively differentiate their responses from what might constitute 'expectable' shock and disbelief, by elaborating *their* particular response. The provision of 'material' reasons for their response and the added intensity in the accounts, allows for speakers to avoid responses that could otherwise appear cliché.

An additional insight into participants' upgrading and recycling of their 'disbelieving' and 'shocked' expressions and their additional accounting for them, might lie in the particular interview style employed. It is relevant to note that the interviewer in many instances responds with very minimal utterances (for example, Extract 1, lines 6, 9 and 21). This apparent lack of uptake by the interviewer which can be seen in a number of other extracts too may be a factor in the recycling and upgrading that we often see immediately after these simple continuers and after pauses.

However, we can repeatedly observe speakers discursively performing something of a juggling act. They work to distance themselves from reported abusive practices using specific emotion words and constructions – predominantly those of shock and disbelief. They agree with 'public' consensus, aligning responses with those outside of the care industry, who can be claimed to be objective or those from inside who can claim epistemic knowledge of working in the industry. They also differentiate their responses from what might be 'expectable', which serves to fend off potential cries of "well they would say that". Such aspects of stake and interest management were explored by Edwards and Potter (1992) and are observable in this current data in that participants construct their various recollections in a way which manages their position of being a

care-worker in the aftermath of a programme in which the behaviour of other care-workers was highly questionable.

The very thing ('caring') that the industry sets out to do is called into question in the programme. Such revelations thus have the potential to call into question the role and motives of individuals, the organisations in which they work, the industry of which organisations are part and the regulating body of that industry. The carers by employing the strategies they do to distance themselves from these practices do orient to the potential for them to be perceived as complicit in such practices – such incidences do have a tendency to focus negative attention on whole industries. Such occurrences raise dilemmas associated with power differentials (who has it and who doesn't; the strong versus the 'weak'; the 'safe' and the 'vulnerable'). It is perhaps not surprising then that they would wish to find discursive strategies for deflecting any potential for blame.

It is quite right that the general populace should be shocked by the material shown in the programme; it is also encouraging that they found it abhorrent – it does however place an additional burden on those within the industry who are potentially more closely associated with such happenings, to distance themselves from it by various means; to align with the 'outsider' view that it is unacceptable, to invoke as much shock if not more so than the 'lay' person, and to account for that particular invoked 'disposition'.

However, there is a need for both care workers and wider publics to move beyond expressions of shock if such practices are to be prevented from occurring in the future.

As noted in the introduction, responses to previous abuses have led to significant change in the way services are provided for people with learning disabilities. In order for change to occur, it is arguable that 'shock' and 'disbelief' must be replaced with an acknowledgement that abuse has occurred, could occur again, and that everyone in the care industry has a collective responsibility to prevent its recurrence. The official review into events at Winterbourne View made a range of recommendations for system change, including improvements to the process of commissioning services from private

companies; more effective responses to whistleblowers; and better management of support staff by frontline managers (Flynn & Citarella, 2012). In terms of direct changes to care worker practices, the key recommendation was that "There should be a condition of employment on all health and social care practitioners (registered and unregistered) to report operational concerns" (ibid, p. 130). In others words, it is to be hoped that invocations of shock, disbelief or being "gobsmacked" at the maltreatment of people with learning disabilities, rather than being an end in themselves, might translate into positive remedial ("whistleblowing") action to prevent future occurrences of the atrocities that prompted such responses in the first place.

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ⁱ Jeffersonian notation

The principal elements of Jefferson notation are:

[]	Square brackets mark the start and end of overlapping speech.
↑↓	Vertical arrows precede marked pitch movement.
<u>Underlining</u>	Signals speaker's emphasis.
CAPITALS	Mark speech that is louder than surrounding speech.
°I know°	Degree signs enclose quieter speech.

(0.8)	Numbers in round brackets measure pauses longer than 0.2 secs.
(.)	Pause of 0.2 seconds or less.
((text))	Additional comments from transcriber.
:::	Colons show degrees of elongation of the prior sound; more colons, more elongation.
hhh	Aspiration (out-breaths); proportionally as for colons.
.hhh	Inspiration (in-breaths).
Ye:ah,	Commas mark weak rising or 'continuing' intonation.
Ye:ah.	Full stops mark falling or 'completing' intonation.